

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F93000005026 (0)
 1. Corporation Name
NORCEN EXPLORER, INC.

Principal Place of Business 200 W. LAKE PARK RD. SUITE 800 HOUSTON TX 77079-2653 US	Mailing Address 200 W. LAKE PARK RD. SUITE 800 HOUSTON TX 77079-2653
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/05/1993	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 98-0062231	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	D BILLING, GRANT D	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	425 1 STREET SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	CALGARY, ALBERTA CANADA	1.4 CITY-ST-ZIP	
	PD DYER, BYRON F	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 W LAKE PK BLVD STE 800	2.1 TITLE	
CITY-ST-ZIP	HOUSTON TX	2.2 NAME	
	S REISCH, THERESIA R	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	425 1 STREET SW	3.1 TITLE	
CITY-ST-ZIP	CALGARY, ALBERTA CANADA	3.2 NAME	
	D PALMER, DOUGLAS W	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	425 1 ST SW	4.1 TITLE	DP PALMER, DOUGLAS W.
CITY-ST-ZIP	CALGARY, ALBERTA CANADA	4.2 NAME	425 1 ST SW
	D SCHWEITZER, W MARK	<input type="checkbox"/> DELETE	CALGARY, ALBERTA CANADA
STREET ADDRESS	425 1 STREET SW	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALGARY, ALBERTA CANADA	4.4 CITY-ST-ZIP	
	T SELLA, GARY S	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200 W LAKE PK BLVD STE 800	5.1 TITLE	
CITY-ST-ZIP	HOUSTON TX	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Sandra B. Mortham* 2/13/98 281 597 2463

CR2E034 (10/97)